Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Dodgers Tickets Date(s) _07 / 04 / Provide Title/ Explanation If no: Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ Passes 2 Board of Supervisors Ticket Policy Sec 5.3(k) Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Income ___ Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Other Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Nancy Herrera

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

Title (month, day, year)

Ticket Administrator

August 2, 2019

Agency Report of:

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Ceremonial	Role Events	and Ticket/Pass	Distributions

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1.	Agency Name		7,200		Date Stamp	California 802
	Los Angeles County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact	(Name, Title)				
	Nancy Herrera				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	***************************************	aperc .		,
	(213) 974-4444	nherrera@bos.lad	county.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ $\frac{4}{}$.5
	Event Description: Dodgers	Tickets		Date(s)07		1 1
	Event Description.	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🗵 I	f no: Los Ang	eles Dodgers	
		2.28 3 3 3		•	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ □	r yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
٠.	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes			rsuant to the agency's policy
	Board of Supervisors		2	Ticket Policy Sec 5.3(k)		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
					onial Role Other Other Other Other Other Other Other	
					onial Role Other [ing "Ceremonial Role" or "Other" d	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	· ————————————————————————————————————					
<u>-</u>	Verification		- (E100)			
	I have read and understand FP.	PC Regulations 1894	4.1 and 18942.	l have verified ti	hat the distribution set t	forth above, is in accordance
	with the requirements.					
7	Marin Klonice	Nan Nan	ıcy Herrera		Ticket Administrator	August 2, 2019
V	Signature of Agericy Head or Design		Print Name		Title	(month, day, year)
	Comment:	.0				

Agency Report of:

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C	er	remo	nial	Role	Events	and T	icket/Pass	Distribu	tions

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1.	Agency Name				NAME OF TAXABLE PARTY.	Date Stamp	California 802		
	Los Angeles County						Form OUZ		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only					
	Board of Supervisors, Fourt	h District							
	Designated Agency Contact	(Name, Title)							
	Nancy Herrera					Amendment (Must P	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail							
	(213) 974-4444	nherrera@bo	s.lacoui	nty.gov	to a	Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				4.7	_		
	Does the agency have a tick	ket policy?	Yes 🛛	No 🗆	Face Value of I	Each Ticket/Pass \$ $\frac{45}{2}$	<u> </u>		
	Event Description: Dodgers	s Tickets			Date(s)/	, 06 , 19	1 1		
	Event Bedonption.	Provide Title	e/Explanat	ion					
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No ⊠	f no: Los Ange	eles Dodgers	100		
	NATA A CALLANDIA DI ANTA ANTA ANTA ANTA ANTA ANTA ANTA ANT		_		f vos:	Name of Source			
	Was ticket distribution made	e at the benest	Yes 🗌	No 🗵	f yes:	Official's Name (Last, First)			
	of agency official?								
3.	Recipients								
	• Use Section A to identify the agen	cy's department or t	ınit. • Us	e Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Depart	artment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy		
	Board of Supervisors			2	Ticket Policy	Ficket Policy Sec 5.3(k)			
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the f	ollowing:		
						onial Role Other Other on "Other" de	April Later Control Control		
						onial Role Other on "Other" de			
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy		
١.	Verification								
	I have read and understand FP with the requirements	PC Regulations 1	18944.1	and 18942.	I have verified th	hat the distribution set fo	orth above, is in accordance		
1	Nona Stewer	A	Nancy	Herrera		Ticket Administrator	August 2, 2019		
V	Signature of Agency Head or Design			Name		Title	(month, day, year)		
	Comment:								

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4. Verification

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with the requirements.	/			

I mus Herren	Nancy Herrera	Ticket Administrator	August 2, 2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

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Nancy Herrera

Print Name

with the requirements.

Comment:

Signature of Agericy Head or Designee

Ticket Administrator

Title

August 2, 2019 (month, day, year)

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I have read and understand FPPC Regulations 18	8944.1 and 18942. I ha	ave verified that the distribution	set forth above, is in accordance
with the requirements. /			#1

max Hener	Nancy Herrera	Ticket Administrator	August 2, 2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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	with the requirements	_				
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mus fliner ~	Nancy Herrera	Ticket Administrator	August 2, 2019
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)

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i nave read and unders	stand FPPC Regulations	18944.1 and	18942. I have	verified that the	e distribution set	t forth above,	is in accordance
with the requirements.	7						
with the regulationients.	<u>(</u>						

max Linera	Nancy Herrera	Ticket Administrator	August 2, 2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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I have read and unders	tand FPPC Regulations	18944.1 and 18942.	I have verified that the	e distribution set forth	above, is in accordance
with the requirements.					

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Signature of	Agency He	ad or	Designe	e

Nancy Herrera
Print Name

Ticket Administrator

August 2, 2019 (month, day, year)

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